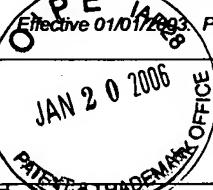


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2006



Complete if Known

<input type="checkbox"/>	Application Number	10/620,217
<input type="checkbox"/>	Filing Date	July 15, 2003
<input type="checkbox"/>	First Named Inventor	Friedrich Ziegler
<input type="checkbox"/>	Group Art Unit	3662

 Applicant claims small entity status. See 37 CFR 1.27

Examiner Name Isam A. Alsomiri

Total Amount of Payment (\$ 1,020.00) Attorney Docket Number RDID03012US

METHOD OF PAYMENT

FEE CALCULATION (continued)

Check Credit card Money Order Other None

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,590	2254	765
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460		1460	Petitions to the Commissioner
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other Fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 1,020.00)

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility Filing Fee	
1002	200	2002	100	Design Filing Fee	
1003	200	2003	100	Plant Filing Fee	
1004	300	2004	150	Reissue Filing Fee	
1081	250	2081	125	Utility Fee >100pg	
1005	200	2005	100	Provisional Filing Fee	
SUBTOTAL (1) (\$ 0)					

2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra Claims	Fee From Below	Fee Paid
			X 50	=
Independent Claims	-3** =		X 200	=
Multiple Dependent			360	=

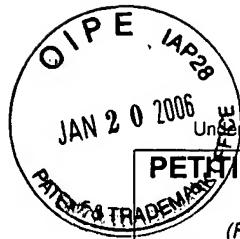
Large Entity Small Entity Fee Description

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202		Claims in excess of 20
1201	200	2201		Independent claims in excess of 3
1203	360	2203		Multiple dependent claim, if not paid
1204	200	2204		**Reissue independent claims over original patent
1205	50	2205		**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0)				

* or number previously paid, if greater; For Reissues, see above

Complete if applicable

Name (Print/Type)	Marilyn L. Amick	Registration No. (Attorney/Agent)	30,444	Telephone	317-521-7561
Signature	Marilyn Amick		Date	January 20, 2006	



WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

RDID03012US

Application Number	10/620,217	Filed	July 15, 2003
For	REFLECTION-PHOTOMETRIC ANALYTICAL SYSTEM		
Art Unit	3662	Examiner	Isam A. Alsormiri

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ <u>1020</u>
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			<p style="text-align: right;">The PTO did not receive the following listed item(s) <u>The credit card</u> <u>form</u>.</p>
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.			

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

I am the Applicant/inventor.

- Assignee of record of the entire interest. See 37 CFR 3.171.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record. Registration Number: 30,444
- Attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a): _____

Marilyn Amick
Signature

January 20, 2006

Date

10620217

Marilyn L. Amick
Typed or Printed Name

317-521-7561

Telephone Number

022958

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

- *Total of _____ forms are submitted.

01/23/2006 HDESTA1 00000019 022958
1020.00 DA

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01